## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION 1	NUMBER:								
					E	BEST AVA	LABLE	CO	PΥ
		Total	Fee	Calcula	tion	ı			
	Fee Code	Total # Claims		Number Extra	X	Fee	Fee		Total
<b>&gt;</b>	Sm./Lg.					Sm. Entity	Lg. Entity		
Basic-Filing Fee	201/101			•		<del></del> ,		=	
Total Claims >20	203/103		-20 =		x		<del></del>	=	
ndependent Claims >3	202/102		-3 =	<u> </u>	x		·	=	-
Mult. Dep Claim Present	204/104					<del></del>	<del></del>	=	
Surcharge	205/105							=	
English Translation	139								<del></del>
TOTAL FEE CALCUL	<u>ATION</u>								
Fees due upon filing the application:  Total Filing Fees Due = \$									
Total Filing Fees Due	e = \$	WAY I	MMin	WO O	77,	1			•
Less Filing F <b>ees Sub</b>	mitted -\$_	<del> </del>				,			
BALANCE DUE	= \$ _	. <u> </u>			—				
Office of Initial Pate	nt Examination	l ,							

FORM OIPE-RAM-01 (Rev. 12/97)